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Promotion and protection of the rights of children

Follow-up to the outcome of the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report assesses the steps taken in 2017 to achieve a world fit for children and highlights the gaps in achievement as well as the strategic shifts necessary to achieve the unmet goals.

The report was prepared in response to General Assembly resolution S-27/2, adopted at the twenty-seventh special session in 2002, and resolutions 58/282 and 61/272, in which the Assembly requested the Secretary-General to report regularly on progress made in implementing the Plan of Action included in the annex to resolution S-27/2.

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I. Introduction

1. At the special session of the General Assembly on children, held in 2002, delegations from 190 countries adopted the document entitled "A world fit for children" (resolution S-27/2, annex), containing a Declaration and Plan of Action. In the document, Governments made a commitment to a time-bound set of goals for children and young people, with a particular focus on: (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating HIV and AIDS. The present report provides the sixteenth update on progress made in follow-up to the special session.

2. The past year marked the second year of putting into practice the wide-ranging global accords reached in 2015, including the 2030 Agenda for Sustainable Development (General Assembly resolution 70/1), the Sendai Declaration and the Sendai Framework for Disaster Risk Reduction 2015–2030, adopted at the Third United Nations World Conference on Disaster Risk Reduction (resolution 69/283, annexes I and II), the Paris Agreement under the United Nations Framework Convention on Climate Change and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. These accords provide key directions to realizing the rights of all children everywhere and to achieving the vision of the 2030 Agenda: a world in which no child is left behind.

3. A child's chance to survive and thrive was much greater in 2017 than it was when the global community adopted the Millennium Development Goals in 2000. There continues to be clear evidence of significant progress made in child survival, nutrition and primary school enrolment and in the reduction of mother-to-child transmission of HIV, among other areas. The absolute number of children dying before their fifth birthday has fallen by more than 50 per cent, from 12.6 million in 1990 to approximately 5.6 million in 2016. The rate of stunted children under 5 years of age declined from 39 per cent in 1990 to 22 per cent in 2017. In 2017, wasting continued to threaten the lives of an estimated 7 per cent of children under the age of 5 years, or nearly 51 million children globally, while 38 million children under the age of 5 years (6 per cent) were overweight. An estimated 6.2 million malaria deaths were averted between 2001 and 2015, and some 5.9 million of these (95 per cent) were children under the age of five. The number of out-of-school children of primary school age worldwide fell by almost 50 per cent over the 17 years from 1999 to 2016, from 107 million to an estimated 63 million. In 2015, 89 per cent of the global population used a basic drinking water service, compared with 81 per cent in 2000.

4. Persistent and, in many cases, growing inequalities continue, depriving the poorest and most excluded children of the chance to fulfil their potential. In 2017, 2.3 billion people worldwide still lacked access to a basic sanitation service,[1] and 892 million continued to practice open defecation. An estimated 36.7 million people were living with HIV in 2016, approximately 2.1 million of whom were children younger than 15 years of age. The most recent available survey data indicates that in sub-Saharan Africa, only 22 per cent of adolescent girls of 15 to 19 years of age and 23 per cent of adolescent boys of the same age have a comprehensive knowledge of HIV. The practice of child marriage has slowly declined since the early 1990s, but globally, the gap in child marriage rates between girls from the wealthiest and the poorest quintiles has increased dramatically.

5. In 2017, multiple and severe humanitarian crises drove humanitarian needs to critical levels. Conflict, natural disasters and climate change forced children from their homes, trapped many in dangerous situations and exposed them to violence,

[1] Miroslav Lajčák, "Achieving universal access to water and sanitation", *UN Chronicle*, vol. LV, No. 1 (March 2018).

exploitation, deprivation, malnutrition and disease. By the end of the year, approximately 350 million children[2] were living in areas affected by conflict and lacked access to adequate medical care, quality education, proper nutrition and protection. According to the annual report for 2017 of the Executive Director of the United Nations Children's Fund (UNICEF), over the past 10 years, the number of children living in conflict zones has increased by 74 per cent.[3] Protracted crises persist with no signs of abating. These complex crises have resulted in mass displacement, with an estimated 65 million people[4] around the globe forced to flee their homes. The protracted conflicts in the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali, Nigeria, Somalia, South Sudan, the Syrian Arab Republic, Ukraine, Yemen and the Lake Chad Basin continued to deepen in complexity in 2017, bringing new waves of violence, displacement and disruption to children's lives.

II. Follow-up to the General Assembly special session on children

A. Planning for children

6. The adoption of the 17 Sustainable Development Goals renewed international commitments to create a more peaceful, prosperous and sustainable world for children and future generations. Investing in children's issues and voices must continue to be at the centre of Sustainable Development Goal implementation, follow-up and review efforts at all levels.

7. Leaving no child behind in the context of the 2030 Agenda requires accurately assessing and addressing the challenges facing millions of children. Approximately half a billion (520 million) children are effectively uncounted, living in countries that have insufficient data to assess whether they are on track for at least two thirds of the global targets. An additional half a billion (533 million) children live in countries where the promise of the Sustainable Development Goals remains out of reach, as their current trajectory will leave them short of at least two thirds of the targets on which they can be assessed.[5] Various countries are devoting resources to localize the global monitoring framework to national contexts, identify data gaps and utilize existing reports to implement responsive policymaking at both the national and subnational levels. These efforts must become widespread practices for the issues of children to properly be reflected and addressed by 2030. To support adequate data collection, disaggregation, analysis and use, it will be critical to improve national capacities and innovations in technology, including participatory methods that enable all people to provide direct feedback.

8. Improving child and youth participation is a core strategy for achieving the Sustainable Development Goals and is further gaining traction at the national and local levels. The 2030 Agenda formally recognized children and adolescents not only as beneficiaries, but also as key agents of change for sustainable development. Governments, civil society and United Nations entities have employed various joint endeavours to this end. Since the agenda's adoption, 65 countries have presented a voluntary national review on the Sustainable Development Goals, and approximately

[2] Save the Children International, *The War on Children: Time to End Grave Violations against Children in Conflict* (London, 2018).

[3] E/ICEF/2018/9.

[4] United Nations High Commissioner for Refugees, "Figures at a glance" (2017); available at www.unhcr.org/en-us/figures-at-a-glance.html.

[5] United Nations Children's Fund (UNICEF), "Progress for every child in the SDG era", 2018.

60 per cent of those reports explicitly mention consultations with children and youth informing the national follow-up and review process. Governments are increasingly establishing channels for children and youth to learn about sustainable development, contribute to development plans and actions and hold decision makers and implementers to account on universal commitments.

B. Promoting the implementation of the Convention on the Rights of the Child

9. As at 22 June 2018, 196 States parties had ratified the Convention on the Rights of the Child. In 2017, the Central African Republic ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and the State of Palestine ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, bringing the total number of ratifications for those optional protocols to 167 and 174, respectively. Bosnia and Herzegovina signed the Optional Protocol to the Convention on the Rights of the Child on a communications procedure, and eight States ratified it,[6] bringing the total number of States parties to 37 by the end of 2017. UNICEF also continued to provide technical support to the Committee on the Rights of the Child, which oversees the implementation of the Convention, and which adopted two general comments.[7] The first, general comment No. 21 (2017) on children in street situations, makes recommendations on the development of holistic, long-term strategies to address both prevention and response. The Committee also collaborated with the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, leading to the adoption of joint general comments on the human rights of children in the context of international migration. These address the particular vulnerabilities children face and promote the development and implementation of comprehensive, rights-based migration policies in countries of origin, transit, destination and return in international migration.[8]

10. There has been considerable progress on advancing gender equality to realize the rights of all children in the past two decades. Efforts to address gender-related barriers in education, health, access to resources and protection from violence have contributed to a more level playing field for women and girls and have led to improved outcomes for children. The number of girls attending and completing primary and lower secondary school is increasing steadily. In the past 10 years, the percentage of women married as children decreased globally by 15 per cent, from 1 in 4 to 1 in 5,[9] while the percentage of girls 15 to 19 years of age who have undergone female genital mutilation and cutting fell from 41 per cent to 37 per cent in 30 countries with representative data on prevalence.[10] Even so, the gender inequalities that inhibit girls' chances of surviving and thriving remain alarming, robbing the poorest and most excluded girls in particular from the rights and protections they are owed.

[6] Brazil, Croatia, Cyprus, Liechtenstein, Panama, Paraguay, Switzerland and Turkey.

[7] General comments of the Committee on the Rights of the Child are authoritative interpretations of the provisions of the Convention on the Rights of the Child.

[8] General comments Nos. 22 and 23, available at: www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx.

[9] UNICEF, "Child marriage is a violation of human rights, but is all too common" (2018), available from https://data.unicef.org/topic/child-protection/child-marriage.

[10] UNICEF, "Female genital mutilation/cutting: a global concern", available from https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure_250.pdf.

11. Positive global trends can mask regional disparities. Girls' risk of dying before five years of age is higher in countries in South Asia and the Middle East,[11] and challenges to girls' secondary school participation are highest in South Asia and sub-Saharan Africa.[12] Girls continue to face an intensification of deprivations as they become adolescents, with puberty signalling more restrictions in their movements and social networks and gender norms dictating circumscribed expectations around marriage, family responsibilities and economic livelihoods. Adolescent pregnancy remains one of the gravest health-related issues facing girls. A total of 16 million girls from 15 to 19 years of age and 1 million girls under 15 years of age give birth annually, disproportionately in low- and middle-income countries.[13] Complications during pregnancy and childbirth are still, globally, the leading cause of death for girls of 15 to 19 years of age.[14] In humanitarian settings, adolescent girls face heightened disadvantages in accessing education and health-related services, including menstrual hygiene management, and an increased risk of gender-based violence and exploitation.

12. Rates of child marriage are beginning to decline at a faster pace, including in some countries with large numbers of girls at risk, where national actors, UNICEF, the United Nations Population Fund (UNFPA) and other partners have built momentum in the past 10 years. In Ethiopia, prevalence has dropped by one third, and in India, it has fallen from 50 per cent to 30 per cent.[15] One successful strategy has been to increase girls' opportunities to acquire education and life skills and access health services. This serves as a preventative measure against child marriage and helps to mitigate the negative consequences for girls already married as children. In the period from 2016 to 2017, more than 2 million adolescent girls at risk of child marriage received life skills and school attendance support in the form of cash transfers, school materials and the payment of transport expenses. Prioritizing more gender-responsive water, sanitation and hygiene interventions has led to improved outcomes for adolescent girls in terms of their access to and completion of education and has promoted change in community attitudes that stigmatize puberty and menstruation.

C. Collaborating with partners and leveraging resources for children

13. In 2017, resources for children decreased slightly, with the net official development assistance (ODA) flows from member countries of the Development Assistance Committee of the Organization for Economic Cooperation and Development at $146.6 billion, representing a slight decrease of 0.6 per cent from 2016, after adjusting for exchange rates and inflation.[16] The decrease reflects the decline of the refugee crisis. Excluding the costs of hosting refugees inside donor countries, ODA increased by 1.1 per cent in real terms compared with the figures for 2016, and has doubled since 2000. In 2017, the total net ODA for all Development Assistance Committee members averaged 0.31 per cent of gross national income, falling slightly compared with 0.32 per cent in 2016. Despite this decrease, country-to-country aid to the least developed countries increased by 4 per cent in real terms

[11] UNICEF, "Is every child counted? Status of data for children in the SDGs" (2017), available from https://data.unicef.org/resources/every-child-counted-status-data-children-sdgs/.

[12] UNICEF, "Secondary education: current status and progress" (2018), available at: https://data.unicef.org/topic/education/secondary-education.

[13] World Health Organization, "Adolescent Pregnancy fact sheet", available at: www.who.int/mediacentre/factsheets/fs364/en/.

[14] Ibid.

[15] See footnote 9.

[16] Organization for Economic Cooperation and Development, "Detailed aid statistics: official and private flows", available at: http://dx.doi.org/10.1787/data-00072-en.

from 2016, thus reversing the declining trend noted in previous years. Aid to Africa also increased by 3 per cent. Humanitarian aid was $15.5 billion in 2017, rising by 6.1 per cent in real terms compared with 2016.

14. Multiple partnerships were built and strengthened in 2017 to leverage resources for children. For example, through the UNICEF-World Bank partnership to provide essential health and nutrition services and social protection through emergency cash transfers to the most vulnerable conflict-affected populations in Yemen, 4.8 million children were vaccinated against polio, 2.58 million children were screened for malnutrition and 1.3 million families received emergency cash transfers, reaching 8.66 million people. UNICEF also co-organized a high-level forum on universal health coverage with the Government of Japan, the Japan International Cooperation Agency, the World Bank Group and the World Health Organization (WHO), to enhance political support for affordable quality health coverage for all by 2030, with a focus on equity. The Secretary-General acts as senior co-chair of the Every Woman Every Child high-level steering group, to provide continued leadership to mobilize multi-stakeholder investments in the health and well-being of women, children and adolescents within the context of the Sustainable Development Goals.

D. Monitoring progress

15. When Heads of State assembled for the World Summit for Children in 1990, they had very limited information upon which to base targets to promote the survival, protection and development of children. Since then, there has been a revolution in the collection and use of quality and disaggregated data.

16. Much of this improvement is due to the expansion of global household survey programmes, including the Demographic and Health Survey, the Living Standards Measurement Study, and the multiple indictor cluster survey (MICS) programme. As the leading survey-based household data source on children, adolescents and women, the MICS programme has continuously evolved since its inception in 1995, innovating and aligning itself with changing priorities and emerging areas of concern. More than 300 MICS had been completed in 109 countries as of the beginning of the sixth round of surveys, in 2017. The sixth round is now generating data on 33 Sustainable Development Goal indicators, which represent more than half of the indicators that can be generated through household surveys. More than 60 MICS surveys are expected to be completed between 2018 and 2020, producing comparable data for the first time on such key areas as foundational learning skills, quality of drinking water, impact of emergencies and child functioning. Nevertheless, major monitoring challenges remain, such as significant gaps in data coverage, especially in conflict-affected States in which existing methods of collecting data are challenging to carry out, as well as additional constraints involving coordination among agencies, finance and capacity.

17. Systems for real-time information collection and engagement continue to be scaled up. By April 2018, U-Report, the UNICEF social messaging platform, had 5 million users in 42 countries. It was used to monitor cash transfers following the 2017 floods in Sierra Leone and has been regularly used by Governments and partners to facilitate real-time information flows between young people. More than 200 partners from civil society, the private sector and Governments are involved worldwide. The RapidPro mobile platform, which operates in 41 countries, continues to help to reduce maternal and childhood mortality. To support the Government of Indonesia in its largest-ever immunization campaign, aimed at vaccinating 70 million children against measles and rubella in two years, RapidPro was integrated to enable real-time coverage analysis at the community health centre level.

E. Participation and self-expression of children

18. Supporting the participation of children in the design, implementation, monitoring and evaluation of programmes and policies is an essential component of the 2030 Agenda. Children's right to be heard and respected in matters that concern them are reflected in several provisions of the Convention on the Rights of the Child. Article 12 stipulates that States parties are obliged to assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, with the views of the child being given due weight in accordance with the age and maturity of the child. With this article, together with articles 5 and 13 through 17, the Convention conveys the idea that children should be active participants in their own development, rather than mere recipients of adult protective care.

19. Two critical normative milestones for child participation were reached with the publication by the Committee on the Rights of the Child of general comment No. 12 (2009) on the right of the child to be heard and general comment No. 20 (2016) on the implementation of the rights of the child during adolescence. The documents reiterate the centrality of the right to participation to ensure that children and adolescents are prepared to lead responsible lives in their societies. They emphasize the importance of participation as a means of civic engagement through which adolescents can negotiate and advocate for the realization of their rights.

20. The lack of an agreed framework against which to measure meaningful child participation has been a major stumbling block for evidence-based programming. In 2017, UNICEF, together with partners, led the development of a conceptual framework for measuring the outcomes of adolescent participation. The framework will inform the identification of appropriate indicators and the development of survey tools to measure and monitor progress in promoting child participation.

III. Progress in the four major goal areas of "A world fit for children"

A. Promoting healthy lives

21. The world has made substantial progress in reducing child mortality in the past several decades. The total number of deaths in children under five year of age dropped to 5.6 million in 2016 from 12.6 million in 1990 — 15,000 on a daily basis in 2016 compared with 35,000 on a daily basis in 1990. Globally, the mortality rate for children under five years of age dropped to 41 deaths per 1,000 live births in 2016, down from 93 in 1990, which represents a 56 per cent decline.[17] Children face the highest risk of dying in their first month of life — a rate of 19 deaths per 1,000 live births — resulting in 2.6 million newborn deaths and an equal number of stillbirths worldwide. The majority of these deaths are preventable.

22. From 1990 to 2015, the global maternal mortality ratio declined by 44 per cent, from 385 deaths per 100,000 live births to 216 per 100,000. Ensuring that women give birth with skilled attendants is an important factor for protecting the lives of both mother and infant. There has been improvement in this area: while only 31 per cent of live births occurred with skilled birth assistance in 2000, coverage expanded to 56 per cent by 2016. Even so, 303,000 women died in childbirth in 2016. Developing regions account for approximately 99 per cent of global maternal deaths, with

[17] Inter-Agency Group for Child Mortality Estimation, "Levels and Trends in Child Mortality: report 2017".

sub-Saharan Africa alone accounting for roughly 66 per cent. A total of 26 countries, most of them in West and Central Africa, will need to accelerate progress to achieve universal coverage of skilled birth attendance. Women and adolescent girls face additional risks in humanitarian contexts due to the deterioration of health services and weakened social protection systems.

23. Disparities in child survival exist across regions and countries. In sub-Saharan Africa, approximately 1 of every 13 children dies before his or her fifth birthday, while in the world's high-income countries the ratio is 1 in 189. Among newborns in sub-Saharan Africa, approximately 1 in every 36 children dies in the first month, while in the world's high-income countries the ratio is 1 in 333. If current trends continue, with more than 50 countries falling short of the Sustainable Development Goal target on child survival, some 60 million children under five years of age will die between 2017 and 2030, half of them newborns. Infectious diseases and neonatal complications are responsible for the vast majority of deaths of children under the age of five globally. The statistics are all the more appalling because the diseases that kill the greatest number of children are largely preventable and treatable with proven, cost-effective interventions. Global emergencies are increasingly stretching health systems and exacerbating inequities in health outcomes.

24. United Nations entities continued to support the scaling up of high-impact health interventions in 2017. The H6 (formerly H4+) partnership brings together the collective strengths and distinct capacities of United Nations agencies — UNFPA, UNICEF, WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Entity for Gender Equality and the Empowerment of Women as well as the World Bank — in reproductive, maternal, newborn, child and adolescent health. A 2016 evaluation[18] of a joint programme implemented by the H4+ partners concluded that the programme contributed to strengthening health systems along the continuum of care and expanded access to quality services in underserved and hard-to-reach areas by consistently targeting the populations most in need (youth, the poorest women and individuals living with HIV/AIDS). The H4+ partners demonstrated their capacity to adjust to new priorities and challenges, such as the Ebola virus outbreak.

25. Immunization prevents an estimated 2 to 3 million deaths every year from diphtheria, tetanus, pertussis and measles, which can also cause disabilities. However, an additional 1.5 million deaths could be avoided if global vaccination coverage were to improve. During 2016, approximately 86 per cent of infants worldwide (116.5 million infants) received three doses of diphtheria/tetanus/pertussis (DTP3) vaccine. By 2016, 130 countries had reached at least 90 per cent coverage of DTP3 vaccine. However, an estimated 19.5 million infants worldwide, 60 per cent of them living in only 10 countries, were not reached with routine immunization services, such as vaccination with DTP3. Monitoring data at the subnational level is critical to helping countries to prioritize and tailor vaccination strategies and operational plans to address immunization gaps and reach every person with life-saving vaccines.[19]

26. By the end of 2017, the global number of wild poliovirus cases fell to just 22, occurring in two countries (Afghanistan and Pakistan), compared with 37 cases in three countries in 2016 and 416 cases in eight countries in 2013. No new cases of wild poliovirus have been reported in Africa.

[18] United Nations Population Fund, "Evaluation of the H4+ Joint Programme Canada and Sweden (2011–2016)", available at: www.unfpa.org/admin-resource/evaluation-h4-joint-programme-canada-and-sweden-2011-2016.

[19] World Health Organization (WHO), "Global immunization coverage 2016" fact sheet (April 2018), available at www.who.int/en/news-room/fact-sheets/detail/immunization-coverage.

27. Well-nourished children are healthier, more resistant to disease and more likely to survive. As they grow, they are more able to learn, becoming more productive and better equipped to participate in and contribute to their communities. Malnutrition in all its forms remains a persistent challenge. The estimated number of stunted children globally has declined, from 170 million in 2010 to 151 million in 2017. More than one third of those stunted children live in Africa, where their number has increased, and more than half live in Asia.

28. In 2017, nearly 51 million children under five years of age suffered from wasting, and more than 16 million suffered from severe wasting, many of them in Africa and Asia. While wasting is often associated with emergencies, its burden remains high in many stable contexts. At the other end of the spectrum, 38 million children under five years of age were overweight in 2017, up from 30 million in 2000.

29. Globally, millions of children continue to suffer from vitamin and mineral deficiencies, which can lead to poor growth, delayed cognitive development, weakened immunity, disability, disease and even death. An estimated 29 per cent of children of 6 to 59 months of age suffer from vitamin A deficiency in low- and middle-income settings. Forty-three per cent of preschool-age children and 33 per cent of women of reproductive age suffer from anaemia, which is often due to iron deficiency.

30. Improving nutrition is critical to achieving the Sustainable Development Goals, and nutrition is embedded in Goal 2. In order to address the multiple nutrition challenges, which tend to affect the most disadvantaged, the global nutrition community strives to create a more supportive and enabling environment for the scale-up of nutrition programmes. By the end of 2017, 60 countries had joined the Scaling Up Nutrition movement, which supports multisectoral and coordinated actions to scale up evidence-based, costed nutrition plans. Of the 60 countries, 50 had national multi-stakeholder platforms in place.

31. Breastfeeding is not only an investment in improving the health of children and mothers, it is also an investment in human capital development that can benefit a country's economy. On average, every dollar invested in breastfeeding programmes generates $35 in economic returns. Recent analysis shows that in China, India, Indonesia, Mexico and Nigeria alone, inadequate breastfeeding is responsible for more than 236,000 child deaths each year. Globally, only 40 per cent of infants under six months of age were exclusively breastfed in 2017.

32. In low- and middle-income countries, approximately half of children of 6 to 23 months of age receive foods with adequate frequency and only 30 per cent are meeting the minimum requirement for dietary diversity. It is worrisome that only 17 per cent of children receive a minimum acceptable diet, which refers to meeting the minimums both of meals and diet diversity.

33. Iodine deficiency is a common cause of preventable cognitive impairment. Over the last two decades, global efforts and initiatives to control iodine deficiency disorders have yielded remarkable results. Currently, 86 per cent of the world's population is consuming iodized salt. Improvement in salt iodization programmes has led to a reduction in the number of countries with iodine deficiency in the general population — from 100 in 1990 to only 20 today.

34. For women of childbearing age, fortifying such commonly consumed cereal grains as wheat flour, maize flour and rice is an important means of preventing birth defects and anaemia. As of the end of 2017, 87 countries had legislation to mandate the fortification of at least one industrially milled cereal grain.[20] For young children,

[20] Food Fortification Initiative, "Mandatory cereal grain fortification legislation - March 2018" global map, available at www.ffinetwork.org/global_progress.

home fortification using micronutrient powders is a more targeted approach currently taking place in at least 62 countries worldwide.

35. In 2015, at the end of the Millennium Development Goal period, 6.6 billion people were using improved drinking water sources. The usage rate was 96 per cent in urban areas, but only 84 per cent in rural areas. In 2015, 4.9 billion people were using improved sanitation facilities. The usage rate was 82 per cent in urban areas but only 51 per cent in rural areas. Approximately 2,000 children die each day from diarrhoeal disease owing to a lack of access to safe drinking water, sanitation and basic hygiene.[21]

36. The targets associated with Sustainable Development Goal 6 for universal access to drinking water and for sanitation and hygiene place emphasis on accessibility, sustainability and quality and are therefore ambitious, given the challenges to resource mobilization and the conditions prevailing in many countries. It is estimated that 2.1 billion people lack safely managed drinking water services and 4.5 billion people lack safely managed sanitation services.[22] The sustainable provision of water and sanitation services will require transformational change in structural and institutional factors and the strengthening of sector governance functions at the national and subnational levels.

37. Ending open defecation, which was still practiced by 892 million people in 2015, and achieving universal access to basic water, sanitation and hygiene by 2030 will require a substantial acceleration in progress, particularly in rural areas. In 2016, it was estimated that girls and women collectively spend 97 billion hours annually securing a safe place to defecate. Fetching water is another challenge, especially for children and women, who globally spend a cumulative 73 billion hours annually fetching water. While hygiene behaviours have improved, the percentage of people with hand-washing facilities consisting of soap and water at home must be increased.

38. With respect to early childhood development, the shift from advocacy to policy and programme implementation that was forecast in 2016 started to occur in 2017. That year saw an emerging global architecture for early childhood development, notably in the form of the Early Childhood Development Action Network, which is aimed at assembling and coordinating the financial and technical resources of partners to accelerate progress toward the Sustainable Development Goal targets related to young children. Globally, 49 countries, including those in humanitarian contexts, are implementing care for child development, an intervention that targets the first 1,000 days of life, a critical period for children's development. Care for child development is added to existing health, nutrition and protection services to provide parents with stimulation and responsive care counselling. For children from 3 to 6 years of age, while the focus has been primarily on expanding access to early learning — and 102 countries have such programmes — several countries have been emphasizing the importance of the quality of the early learning environment.

39. Despite the global shift in early childhood development, there is still a dire need for change for young children. A child's environment greatly influences his or her physical and cognitive development. Without good quality nutrition, health care, social services, stimulation and early learning, children may not develop to their full potential. In predominantly low- and middle-income countries, approximately 80 per cent of children from 2 to 4 years of age are violently disciplined regularly. There are approximately 15.5 million children from 3 to 4 years of age who do not receive stimulation from adults through reading, telling stories, counting, naming things or

[21] Inter-Agency Group for Child Mortality Estimation, "Levels and Trends in Child Mortality: report 2015", available at: www.unicef.org/media/files/IGME_Report_Final2.pdf.

[22] WHO-UNICEF Joint Monitoring Programme, "Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines", 2017.

drawing. Around the world, approximately 300 million children live in areas in which the air is toxic, hampering their brain development.[23]

40. In 2017 the Group of 20 announced the prioritization of early childhood development in its development agenda, which has and will continue to serve as a platform to increase the political visibility of and commitment to early childhood development. There is now a need to consolidate gains and find ways to include the private sector to effectively scale up early childhood development and give every child the opportunity to develop to his or her full potential.

B. Providing quality education

41. Education is a right enshrined in articles 28 and 29 of the Convention on the Rights of the Child. It is also a driver of equity, poverty reduction, empowerment, peaceful and inclusive societies and economic growth. Educating girls is particularly transformative. Evidence shows that the completion of secondary education brings about dramatic increases in lifetime earnings and equally dramatic decreases in birth rates and child and maternal mortality rates. Under the Sustainable Development Goals, almost all Governments have committed to doing more than filling classrooms. They have agreed to work towards providing all children with an education that is gender-responsive and equips them with essential knowledge and skills. And they have agreed to provide it for children regardless of who they are, what abilities they have, where they live or how wealthy their families are.

42. Sustainable Development Goal 4, concerning education, call for the international community to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. It embodies a commitment to equity for all children, holds high expectations for learning and embraces ambitious targets for universal primary education and increased access to pre-primary and secondary education. The global education community continues to address the unfinished business of providing quality primary education to all children, while also building capacity for progress towards universal access to pre-primary and secondary education, particularly for the most marginalized children.

43. On average, the world has achieved gender parity in primary enrolment and completion. However, gender parity alone does not fully address gender inequality.[24] Only 66 per cent of countries have achieved gender parity in primary education, 45 per cent have achieved it in lower secondary education and 25 per cent have done so in upper secondary education. Girls and boys face different challenges. When girls are encouraged to complete primary education, to transition to lower secondary school and to delay marriage and motherhood, they are less likely to drop out. When adolescent boys experience gender norms that make masculinity incompatible with engagement in school, they are more likely to drop out. In 2017, less than 5 per cent of primary school-aged girls were out of school in 40 per cent of countries, up from 36 per cent of countries in 2014. But for boys, that was true in only 34 per cent of countries, a decrease from 41 per cent in 2014. Similarly, less than 5 per cent of lower secondary school-aged girls were out of school in 27 countries in 2017, up from 21 per cent of countries in 2014, while for boys, the rate fell to 21 per cent from 22 per cent in 2014. In 2017, 79 per cent of children from the poorest quintile households attended primary school, up from 72 per cent in 2013.

[23] United Nations Children's Fund, "Early moments matter for every child", New York, 2017.

[24] United Nations Educational, Scientific and Cultural Organization (UNESCO), "Global Education Monitoring Report Gender Review: meeting our commitments to gender quality in education", Paris, 2018.

44. There are 160 million more children and adolescents enrolled in pre-primary, primary and secondary schools around the world than there were just 10 years ago, which is a tribute to the efforts of country leadership and the support of the international community. By 2017, almost all countries had passed laws requiring school attendance at the primary level, and fee-free public primary schooling was enshrined in law in 135 countries.[25] There has been continued progress in expanding the number of years of free and compulsory education, with 64 per cent of countries now guaranteeing at least 9 years of free and compulsory education in legal frameworks.

45. Nevertheless, much remains to be done. More than one third of primary school-aged children are failing to learn basic literacy and numeracy. The Sustainable Development Goals aim for inclusive, quality education for all, but just 1 in 10 young people in low-income countries are on track to gain the secondary-level skills necessary for success in the global economy by 2030. As many as 250 million children are not achieving basic literacy and numeracy. More than 124 million children of primary and lower secondary school age worldwide are out of school. That number increases to an estimated 263 million when upper secondary school aged children are included. In sub-Saharan Africa, the school-age population in 2030 is projected to be more than double the number of children currently enrolled. In 35 countries affected by emergencies and protracted crises, 75 million children need educational support. Unless improvements occur rapidly, there will still be approximately 1.5 billion adults in 2030 who have had no more than a primary school education. They will almost all come from families whose parents had little education, and their children will be at high risk of perpetuating the cycle.

46. Children with disabilities are among the most marginalized groups in terms of access to education. Estimates suggest that in developing countries, almost half of all children with disabilities are out of school, 42 per cent at the primary level and 56 per cent at the lower secondary level.[26] According to evidence compiled by the Institute for Statistics of the United Nations Educational, Scientific and Cultural Organization (UNESCO), persons with disabilities are more likely to be out of school, less likely to complete primary or secondary education and less likely to possess basic literacy skills.

47. Evidence clearly demonstrates that quality early childhood education sets in motion a positive cycle of learning that continues well beyond children's early years, with wide-reaching benefits beyond education. Economists estimate that for every dollar invested in preschool programmes, the rate of return is between 7 and 10 per cent per year.[27] Yet equity in the provision and quality of early childhood education remains a major challenge. Children from wealthy families were eight times more likely to attend early learning programmes than children from the poorest households. Pre-primary education may be the subsector with the largest gap between evidence and practice, and is the blind spot in both domestic and international education financing. There is a need to accelerate support to Governments in this area and to adopt a sector-wide perspective that mainstreams pre-primary education into sector planning and implementation processes, ensuring adequate financing for the expansion of quality services.

[25] UNESCO, "2015 Education for All Global Monitoring Report: 2000–2015", Paris, 2015.

[26] Suguru Mizunoya, Sophie Mitra and Izumi Yamasaki, "Towards inclusive education: the impact of disability on school attendance in developing countries", Innocenti Working Paper No. 2016-03, pp. 24-25 (Florence, Italy, UNICEF Office of Research, May 2016).

[27] James J. Heckman et. al., "The rate of return to the HighScope Perry Preschool Program", *Journal of Public Economics*, vol. 94, issues 1-2, (2009) pp. 114-128.

48. Statistics mask deep inequities within countries that are driven by poverty, location, disability, gender and ethnicity. At the heart of all good education systems lies a profound respect for individual differences. It is these differences that lead to the development of creativity, invention, problem-solving and other transferable skills. The Out-of-School Children Initiative, a partnership between UNICEF and the UNESCO Institute for Statistics launched in 2012, has increased the data and evidence around out-of-school children in more than 90 countries to date, supporting informed decisions to address barriers for these children.

49. Around the world, more children than ever before are going to school and staying in school. Yet far too many of those children are still not getting what they came to school for and what their parents are counting on schools to deliver: the knowledge and skills necessary for lifelong success. Differences in learning outcomes are gendered, limiting the opportunities for girls and boys to develop foundational knowledge in mathematics and reading, respectively. Governments have signalled their commitment through the Sustainable Development Goals to turn things around for these children, to provide them with an education that opens up lifelong opportunities, especially for the most marginalized children and adolescents.

50. Sustainable Development Goal 4 will not be reached worldwide without increased investment in education and action in humanitarian contexts. In 2017, 8.8 million children in humanitarian situations (4.3 million girls, 4.5 million boys) were reached with formal or non-formal education, including 1.02 million children in the Syrian Arab Republic, more than 904,000 in Nigeria and more than 370,000 in Yemen. Education sector plans included risk assessment and management in 40 per cent of countries, up from 19 per cent in 2013.

51. Education systems that provide real opportunities to all children and youth are not the product of chance. They are the result of a relentless focus on equity and a devotion to quality. Strong education systems can be measured by the success rates of the most marginalized and vulnerable populations they serve. They are built upon clear and consistent accountability relationships among stakeholders at different levels. They also ensure that learning is paramount, that performance is monitored and that data are transparent and accessible, enabling key decision makers to make evidence-based decisions.

C. Protecting against abuse, exploitation and violence

52. Significant progress in the area of child protection has been achieved. Overall, 71 per cent of children under five years of age were registered in 2017.[28] In 2017, UNICEF supported the registration of almost 16 million births across 80 countries, representing substantial progress compared to the more than 12.3 million registered in 70 countries in 2016.[29]

53. In 2017, more than 90 countries implemented coordinated national action plans and policies to address violence against children, including actions to prevent and respond to sexual abuse and exploitation. The number of States implementing actions to prevent and respond to online child sexual exploitation almost tripled over the past two years, rising from 17 countries in 2016 to 47 in 2017. Over the course of 2017, the total number of States prohibiting corporal punishment, including in the home, rose to 53, with a further 56 States committed to achieving a complete legal ban. By

[28] UNICEF, birth registration data, November 2017, available at: https://data.unicef.org/topic/child-protection/birth-registration.

[29] A/72/208.

the end of 2017, 84 countries had established legal and policy frameworks to prevent violence in educational settings.

54. The UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage and the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation, the two largest joint/global United Nations programmes, continue to demonstrate how the United Nations system can effectively work collaboratively to achieve results in line with the Secretary-General's reform agenda. In 2017, nearly 870,000 girls and women at risk of or affected by female genital mutilation benefited from health, education, welfare and legal services. Significant progress was made on the enforcement side of combatting female genital mutilation, with approximately 325 arrests, 260 court cases and 106 convictions in seven countries in 2017,[30] representing a major increase compared with only 71 arrests in 2016. The adoption of a resolution by the Human Rights Council to end child marriage in humanitarian settings marked an important global child rights achievement in 2017.[31] Even as the percentage of women married as children decreases, approximately 650 million girls and women alive today were married as children. In 2017, hundreds of millions of children experienced some form of harmful practice, violence or exploitation.

55. During 2017, approximately 3.6 million girls and women in 59 countries benefited from gender-based violence risk mitigation and support services, while approximately 3.5 million children received psychosocial support across 65 humanitarian situations, including through the provision of child-friendly spaces and community- and school-based interventions. Weapons-related risk education was also provided to almost 5.9 million children in more than 20 countries.[32]

56. The efforts of the United Nations to strengthen the global framework to prevent and respond to sexual exploitation are increasing, with 72 Member States party to or in the process of becoming party to (and an additional 19 indicating an intention to become party to) a bilateral voluntary compact embodying key commitments to protect children from sexual exploitation.

57. The scale-up of action and investments to strengthen child protection systems, and in particular the role of the social service workforce, was prioritized in 2017. By the end of 2017, 142 countries reported strengthened national child protection systems, at least 50 countries reported child protection systems offering preventive and response services, and at least 48 countries reported legislation on child protection consistent with or better than international standards. A total of 70 countries increased the capacity of their national justice systems to serve children appearing in criminal and civil proceedings.

D. Combating HIV and AIDS

58. The scale-up of the prevention of mother-to-child transmission of HIV is one of the greatest public health achievements of recent times, averting 2 million new infections among children under 15 years of age since 2000. Most pregnant women are tested for HIV, and those who are found to be HIV-positive are immediately initiated on antiretroviral therapy to keep them alive and well and to stop them from transmitting the virus to their babies. In 2017, Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands and Montserrat were certified by WHO as having

[30] Burkina Faso, Egypt, Eritrea, the Gambia, Guinea, Kenya and Uganda.

[31] Human Rights Council resolution 35/16.

[32] Afghanistan, Azerbaijan, Burundi, Cameroon, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Iraq, Jordan, Lebanon, Mali, Myanmar, Niger, Nigeria, South Sudan, Sri Lanka, the Sudan, the Syrian Arab Republic, Ukraine and Yemen, as well as the State of Palestine.

eliminated mother-to-child transmission of HIV. Globally, there were 160,000 new infections in children from 0 to 14 years of age in 2016, a 47 per cent reduction since 2010 and an 8 per cent reduction since 2015. Moving forward, and to super-fast-track the end of AIDS among children, the new UNAIDS "three frees" Framework proposes reductions in the number of new child HIV infections globally to less than 40,000 by 2018 and less than 20,000 by 2020. The framework also proposes reaching and sustaining 95 per cent of pregnant women living with HIV with lifelong antiretroviral therapy by 2018.

59. There is slower progress in access to life-saving antiretroviral therapy for children under the age of 15 years. In 2016, globally, 54 per cent of adults living with HIV received antiretroviral therapy, compared with only 43 per cent of children, a slight increase from 38 per cent in 2015. Latin America and the Caribbean had the highest percentage of children on antiretroviral therapy (53 per cent) in 2016, followed by East and Southern Africa (51 per cent) and East Asia and the Pacific (47 per cent). Key bottlenecks include limited access to HIV testing for infants and the inadequate expansion of paediatric treatment access points.

60. Globally, progress in preventing new HIV infections has been slow among adolescents, specifically adolescent girls, and young women. The number of new HIV infections among adolescents from 15 to 19 years of age in 2016 was only 14 per cent lower than in 2010 and 17 per cent lower than in 2005, compared with 47 per cent and 63 per cent declines in children younger than five years of age during the same time periods. Of the 1.7 million new infections reported in adults over 15 years of age, 610,000 (36 per cent) occurred among those from 15 to 24 years of age (260,000 in those 15 to 19 years of age and 350,000 in those 20 to 24 years of age). Adolescent girls and young women accounted for 360,000 of the new infections in adults, with adolescent girls accounting for 67 per cent of new infections among those from 15 to 19 years of age.

61. In 2016, there were still more than 17 million children who had lost one or both parents to AIDS. However, remarkable gains have been made in mitigating the economic and social impact of HIV and AIDS on children and families over the past decade. Evaluations of national social protection programmes have documented that social protection, in particular cash transfers, can contribute to improving access to health, education and nutrition, strengthening social networks, increasing access to HIV and AIDS treatment and prevention and reducing adolescent vulnerability and risk-taking.

62. The current state of the HIV response calls for innovative solutions. For example, early adopters of point-of-care HIV diagnostic technologies in East and Southern Africa have demonstrated that, compared with conventional laboratories, point-of-care platforms can reduce the turnaround time for results, substantially increase antiretroviral therapy initiation rates in children and reduce patient loss during follow-up. Infant same-day HIV results in the pilot point-of-care studies have demonstrated improved and early linkage to treatment, thereby avoiding the early peak mortality associated with HIV at 2 to 3 months of age in HIV-infected infants. Malawi, Mozambique and Zimbabwe, early adopters of point-of-care HIV diagnostic technologies, are also piloting the integration of HIV and tuberculosis testing, using point-of-care platforms capable of multiplexing.

IV. Ways forward

63. During the period from 2002 to 2017, millions of children born around the world started their lives with a better chance than ever of living healthily and achieving their potential. Nevertheless poverty, discrimination, disaster, violence and conflict robbed

millions of others of the chance to enjoy those same rights. In spite of improvements in child survival, pockets of extreme poverty persisted even in wealthy countries, and children represent a disproportionate number of the poor. Humanitarian emergencies, fragility, instability and displacement continue to threaten children's rights.

64. The adoption of the Sustainable Development Goals and other major global agreements presents a unique opportunity to take stock and review ways in which the commitments of "A world fit for children" are being fulfilled. The year 2019 is a particularly critical one: it is a year of stock-taking on the Sustainable Development Goals, with the high-level political form on sustainable development convening for the first time under the auspices of both the Economic and Social Council and the General Assembly. The year 2019 is also the thirtieth anniversary of the adoption of the Convention on the Rights of the Child. The world has a new commitment, and increasingly the knowledge and means, to overcome critical obstacles that prevent children from realizing their potential and their rights. Without ambitious action on sustainable development, humanitarian assistance and climate change, the promise of progress brought about by new agreements risks becoming a tragedy for the world's youngest citizens. To reach the Sustainable Development Goals by 2030, we must ensure that no child is left behind.